

ESTATE OF SOUTH CAROLINA)
COUNTY OF GREENWOOD)

DURABLE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, that I, Mildred J. Floyd, of 601 Watford Ave., Greenwood, S.C., do hereby make, constitute and appoint my my son, Ernest Coleman Floyd, of Greenwood, S.C., my true and lawful attorney-in-fact for me and in my name, place and stead, and on my behalf, and for my use and benefits. If it becomes impossible for him to serve through his own death or disability, I appoint my son, Rudolph P. Floyd, of Pelzer, S.C., as DURABLE POWER OF ATTORNEY UNDER AUTHORITY OF THE LAWS OF SOUTH CAROLINA, HEREBY REVOKING ANY AND ALL FORMER APPOINTMENTS FOR DURABLE POWER OF ATTORNEY HERETOFORE BY ME MADE, & HAVING THE FOLLOWING APPOINTIVE POWERS:

1. To institute legal proceedings for, collect, and receive all sums of money which are or shall become due, owing payable, and belonging to me, or detain for me, by any and all persons whatsoever, and upon receipt thereof, to execute and deliver effectual receipts, releases and discharges therefrom.
2. To adjust and compromise any and all claims which may be disputed in good faith, and to make composition and adjustment of any and all claims against debtors, who may be unable to pay such claims and debts in full, for such sums and on such terms as to my said attorney shall seem reasonable and advantageous.
3. To collect rents and in default thereof, to take possession and to institute any necessary legal proceedings for either.
4. To compromise and settle any action against any person of any personal injuries I may sustain and to collect and receive such sum or sums of money as may be received and to execute full and complete receipts, releases, discharges, and satisfactions thereof.
5. To receive and give receipt for any and all sums of money or payments due or to become due to me, to deposit in my name in any bank or banks, and any and all monies collected or received

M. J. Floyd

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C.C.C.F. AND C.C.U.S. GREENWOOD CO., SC
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by him; to act for me in any business upon such terms and conditions as he may think best and to make, execute, acknowledge, and deliver such deeds, contracts, or other instruments in reference to the sale of any of my interests in said business or businesses.

6. To draw checks against any bank account which I may have; to endorse notes, checks, drafts, or bills of exchange which may be drawn upon me in the usual course of my business, to do all lawful acts requisite for effecting these premises.

7. To sell, mortgage, lease or manage any and all real estate owned by me and to do all acts necessary to effect the same, including the making and delivering of deeds, mortgages, and leases.

8. To satisfy any mortgages which may appear in my name or have been entered into by me.

9. To sell, assign, transfer, and act over all or any part of any stocks or bonds, and for the purpose to make and execute all necessary acts of assignment and transfer, and appoint one or more persons to substitute with like full power, hereby ratifying and confirming all that my said attorney, or his substitute or substitutes, shall lawfully do by virtue thereof.

10. To vote at the meeting of any company or companies and otherwise to act as my proxy or representative, in respect of any shares now held, or which may be hereafter acquired by me, therein, and for that purpose to sign and execute any proxies or other instruments in my name and on my behalf.

11. To make gifts, in the event I am incapacitated physically or mentally to the extent I cannot make them myself, in an amount allowable for the annual exclusion under federal gift law and provided further that no gifts shall be made to anyone who is not my lineal ascendant or descendant.

Granting and giving upon said attorney-in-fact full authority and power to do and perform any and all other acts necessary or incident to the performance and execution of the powers herein granted, with full power to do and perform all acts authorized hereby as fully to all intents and purposes as the grantor might or could do if personally present, with full power of substitution.

12. This power of attorney shall not be affected by physical disability or mental incompetence of the principal which renders the principal incapable of managing his own estate. I hereby direct that my attorney-in-fact shall be permitted to serve after my mental incapacity that I may suffer without

bond and that he shall not be accountable to my heirs or my estate for actions taken by him under this power of attorney; it being my intent and purpose that my said attorney shall be accountable only to me personally.

13. My Agent is authorized as follows with respect to my care and the control of my body:

(A) To make all necessary arrangements for me at any hospital, nursing home, convalescent home or similar establishment and to assure that all my essential needs are provided for at such a facility.

(B) To provide for such companionship for me as will meet my needs and preferences at a time when I am disabled or otherwise unable to arrange for such companionship myself.

(C) To make advance arrangements for my funeral and burial, including the purchase of a burial plot and marker, and such other related arrangements as my Agent shall deem appropriate, if I have not already done so myself.

14. My Agent is authorized in my Agent's sole and absolute discretion from time to time at anytime to exercise the powers granted herein relating to matters involving my health and medical care. In exercising such powers, my Agent should first try to discuss with me the specifics of any proposed decision regarding my medical care and treatment if I am able to communicate in any manner, however rudimentary. My Agent is further instructed that if I am unable to give an informed consent to a proposed medical treatment, my Agent shall give or withhold such consent for me based upon any treatment choices that I've expressed while competent, whether under this instrument or otherwise. If my Agent can't determine the treatment or choice I would want made under the circumstances, then my Agent should make such choice based upon what my Agent believes to be in my best interests. Accordingly, my Agent is authorized as follows.

(A) To request, receive and review any information, verbal or written, regarding my personal affairs or my physical or mental health, including medical and hospital records, and to execute any releases or other documents that may be required in order to obtain such information, and to disclose such information to such persons, organizations, firms or corporations as my Agent shall deem appropriate in his absolute discretion.

(B) To employ and discharge medical personnel including physicians, psychiatrists, dentists, nurses, and therapists as my Agent shall deem necessary for my physical, mental and emotional well-being and to pay them (or cause to be paid to them) reasonable compensation.

(C) To give or withhold consent to any medical procedure, test or treatment, including surgery, to arrange for my hospitalization, convalescent care, hospice or home care; to summon paramedics or other emergency medical personnel and seek emergency treatment for me, as my Agent shall deem appropriate; and under circumstances in which my Agent determines that certain medical procedures, tests or treatments are no longer of any benefit to me, or where the benefits are outweighed by the burdens imposed, to revoke, withdraw, modify or change consent to such procedures, tests and treatments, as well as hospitalization, convalescent care, hospice or home care which I or my Agent may have previously allowed or consented to or which may have been implied due to emergency condition.

My Agent's decisions should be guided by taking into account

- (1) the provisions of this instrument,
- (2) any reliable evidence of preferences that I may have expressed on the subject, whether before or after the execution of this document,
- (3) what my Agent believes I would want done in the circumstances if I were able to express myself, and
- (4) any information given to my Agent by the physician treating me as to my medical diagnosis and prognosis, and the intrusiveness, pain risks and side effects of the treatment.

(D) To exercise my right of privacy and my right to make decisions regarding my medical treatment even though the exercise of my rights might hasten my death or be against conventional medical advice.

(E) To consent to and arrange for the administration of pain-relieving drugs of any kind or other surgical or medical procedures calculated to relieve my pain, including unconventional pain-relief therapies which my Agent believes may be helpful, even though such drugs or procedures may lead to permanent physical damage, addiction or hasten the moment of (but not intentionally cause) my death.

(F) To grant, in conjunction with any instructions given under this Article, releases to

hospital staff, physicians, nurses and other medical and hospital administrative personnel who act in reliance on instruction as given by my Agent or who render written opinions to my Agent in connection with any matter described in this Article from all liability for damages suffered by me; to sign documents titled or purporting to be a "Refusal to Treatment" and "Leaving Hospital Against Medical Advice" as well as any necessary waivers of or releases from liability required by any hospital or physician to implement my wishes regarding medical treatment or non-treatment.

IN WITNESS WHEREOF, I have hereunto set my hand and seal at Greenwood, South Carolina, this the 12 day of August, 1999.

Mildred J. Floyd (L.S.)
Mildred J. Floyd

SIGNED, SEALED, PUBLISHED and DECLARED by the said Mildred J. Floyd, in the presence, and in her presence and in the presence of each other, have subscribed our names thereto.

Joseph M. McKellan (L.S.), residing at Greenwood, South Carolina
Ehrinn P. Provittola (L.S.), residing at Greenwood, South Carolina

STATE OF SOUTH CAROLINA)
COUNTY OF GREENWOOD)

PROBATE

PERSONALLY appeared before me Joseph M. McKellan and made oath that he/she was present and saw the within Mildred J. Floyd, sign, seal and as her act and deed, deliver the within written DURABLE POWER OF ATTORNEY, and that he/she, with Ehrinn P. Provittola witnessed the execution thereof.

SWORN TO and before me this

12 day of August, 1999

Joseph M. McKellan (L.S.)

Notary Public for South Carolina
My Commission Expires: 08-11-07

Ehrinn P. Provittola (L.S.)
Ehrinn P. Provittola / Witness

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